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2017

# Risk factors for pre-eclampsia and eclampsia in Cambodia

Population Council

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### Recommended Citation

"Risk factors for pre-eclampsia and eclampsia in Cambodia," fact sheet. Washington, DC: Population Council, 2017.

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Each day around the world, 830 women die from pregnancy- and childbirth-related causes. The second most common cause (after postpartum hemorrhage) is a hypertensive disorder during pregnancy, such as pre-eclampsia and eclampsia (PE/E)—life-threatening, pregnancy-induced high blood pressure and excess protein in urine—which can lead to seizures and other fatal complications. One in four preterm infants dies as a result of their mother's PE/E. These deaths are preventable, yet essential medicines and tools to treat this disorder are often unavailable in low-resource settings.

## DEMOGRAPHICS

POPULATION:  
**15.8 MILLION**

TOTAL FERTILITY RATE:  
**2.7 BIRTHS PER WOMAN**

UNMET NEED FOR POSTPARTUM CONTRACEPTION:  
**16.6%**

## OVERARCHING HEALTH RISKS



**11.2%** OF PEOPLE OLDER THAN 25 HAVE MILD HYPERTENSION



**3.3%** OF WOMEN HAVE DIABETES



**2.7%** OF WOMEN ARE OBESE



**12%** OF GIRLS AGED 15–19 HAVE BEGUN

CHILDBEARING

**11%** OF WOMEN AGED 25–49 GAVE BIRTH BY AGE 18

**28%** GAVE BIRTH BY AGE 20

## BARRIERS TO ACCESSING SERVICES



HUSBANDS AND MOTHER-IN-LAWS ARE THE DECISIONMAKERS



LACK OF AVAILABILITY AND ACCESS TO SERVICE PROVIDERS



DISTANCE TO HEALTH FACILITIES



FINANCIAL COSTS

## PREGNANCY-RELATED CARE



**95%** RECEIVED ANTENATAL CARE



**89%** OF DELIVERIES WERE ATTENDED BY A SKILLED PRACTITIONER



**75.6%** HAD 4+ ANC VISITS



**6.3%** OF BABIES WERE BORN VIA C-SECTION



**96.1%** HAD BLOOD PRESSURE TAKEN DURING ANC VISIT\*



**90.3%** OF MOTHERS AND INFANTS HAD A PNC VISIT WITHIN 48 HOURS OF GIVING BIRTH



**48.9%** HAD URINALYSIS DURING ANC VISIT\*

\*among women who had a live birth.

## MATERNAL DEATH DATA

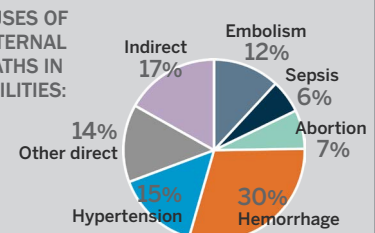
**170**

MATERNAL DEATHS PER 100,000 LIVE BIRTHS

**9%**

OF DEATHS AMONG GIRLS AND WOMEN AGED 15–49 WERE ASSOCIATED WITH PREGNANCY AND CHILDBIRTH

CAUSES OF MATERNAL DEATHS IN FACILITIES:



## NEWBORN/INFANT DEATH DATA

**28**

INFANT DEATHS PER 1,000 LIVE BIRTHS

**18**

NEONATAL DEATHS PER 1,000 LIVE BIRTHS

**20**

PERINATAL DEATHS PER 1,000 PREGNANCIES

**14%**

OF NEONATAL DEATHS WERE RELATED TO PRETERM BIRTH

## MgSO<sub>4</sub>/CG DELIVERY CAPACITY

SPECIALISTS, MEDICAL OFFICERS, LADY HEALTH VISITORS, MEDICAL TECHNICIANS, AND DISPENSERS CAN ADMINISTER MgSO<sub>4</sub> AND CALCIUM GLUCONATE (CG)

**NO DATA** OF NON-TEACHING HOSPITALS HAVE MgSO<sub>4</sub> AND CG IN STOCK (ALL TEACHING HOSPITALS HAVE BOTH IN STOCK)

**NO DATA** OF STAFF ARE TRAINED TO ADMINISTER MgSO<sub>4</sub> AND CG

## NATIONAL/STATE POLICIES

Of the 13 UN Lifesaving Commodities for Women and Children, which are on the national essential medicines list?

→ Amoxicilline, oral rehydration salts

Which antihypertensives are on the national essential medicines list?

→ NO DATA

Are there formal mechanisms for procuring these drugs?

→ Yes

Is there a community health strategy (CHS)?

→ Yes

Is there a task-shifting policy in country?

→ Yes

Are national maternal death or near-miss audits conducted?

→ Yes

Sources: Cambodia Demographic and Health Survey 2014, World Statistics Pocketbook - Cambodia, UN Data, 2017, Levels and Trends of Contraceptive Prevalence and Unmet Need for Family Planning in Cambodia, Ministry of Planning, NIS and Ministry of Health, Directorate General for Health, 2013, Prevalence of Non-Communicable Disease Risk Factors in Cambodia, STEPS Survey Country Report, September 2010, Countdown to 2015: A Decade of Tracking Progress for Maternal, Newborn and Child Survival The 2015 Report, Essential Drugs: Basic Information for Health Center Staff and Drug Sellers, Ministry of Health of Cambodia, 2003, Pharmaceutical Sector Strategic Plan 2005-2010, Ministry of Health, The Better Health Services Project Signs Agreement to Provide Technical Guidance to all Cambodian Health Equity Funds, University Research Co., LLC, 2012.

The types of data presented in this country profile may differ from other country profiles developed by the Ending Eclampsia project.